US Department of Labor Office of Labor Management Standards Washington DC 20210

## FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved
Office of Management
and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L 86-257 as amended Faiture to compty may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

LY BEFORE PREPARING THIS REPORT		
2 Fiscal Year Covered From		
1/1/2004 Through 12/31/2004		
4 Name file number and address of labor organization		
Name I A T S E. LOCAL 13		
Labor Organization File Number 019-711		
PO Box Building and Room Number if any Suite 398		
Street 312 Central Ave SE		
City Minneapolis		
State Minnesota ZIP Code +4 55414		
5 Position in labor organization  Vice PResident		
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent		
7 a Nature of Interest, Transaction or Income		
7 b Amount.		
0		
Signature		
Perjury and other applicable penalties of the law that all of the information		

Telephone Number

Name of Person Filing Pak OSYENTAG	File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any)  Name  Trade Name if any  P O Box Bidg Room No if any  Street  City  State  ZIP Code + 4	9 Business deals with  a Labor Organization  b Trust  c Employer		
10 If 9 b or 9 c is checked give trust or employer's name  Name  Trade Name if any  P O Box, Bldg Room No if any  Street  City  State  ZIP Code + 4	11 a Nature of such dealing  11 b Approximate dollar value of such dealing  12 a Nature of interest held or income received		
	12 b Amount		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.		
Name  Trade Name if any  PO Box Bidg Room No if any			
Street  City  State  ZIP Code + 4			
13 b Is the Business an Employer or Consultant?	14 b Amount of payment	7,5	